

epiploon (the strangulated part) into the abdomen. Not the slightest symptom of inflammation occurred, and the patient was able to get up on the eighth day.—*Gaz. Méd.*

35. *Puncture of Pericardium.* By Dr. SKODA.—On the 22nd of July, 1840, a young woman, twenty-four years of age, was transferred to the care of Dr. Skoda, from another division of the hospital, in which she had been under treatment for fourteen days. The patient had been eight weeks ill, and for the last three weeks was unable to sleep, as she could only breathe in the erect posture; the face, hands, and feet were œdematous, and ascites also existed. On examining the chest, there was evident signs of effusion into the pleura and pericardium, and it was determined to puncture the latter. This was done on the 24th; a puncture was made on the left side of the sternum, between the third and fourth ribs, close to the edge of the breast-bone; this point was chosen, as affording less danger of wounding the heart, great vessels, or internal mammary artery. On introducing a probe, no doubt existed of its being in the cavity of the pericardium; a small quantity of bloody fluid escaped. After several attempts to evacuate more fluid, the canula was removed and again introduced lower down, between the fourth and fifth ribs; but little fluid escaped at first; half a pint of reddish serum afterwards came away, being driven out with some force at each systole of the heart. When the fluid ceased to flow on placing the patient in various postures, the canula was removed, although the sound on percussion was dull over a large surface of the heart.

The patient felt greatly relieved after the operation, was able to lie down with the head raised, and for the first time for three weeks had some sleep. On the following day the feet were evidently less œdematous; the shock of the heart could be slightly felt; its sounds were distinct, and there was no *bruit de frottement*. The patient improved daily in health and appearance. The condition of the chest, and the quantity of fluid in the pericardium, were carefully noted day by day. At the end of four weeks the whole of the fluid in both sides of the chest was absorbed, and the functions of the lungs were perfectly performed; the dull sound, however, showed that the pericardium was still dilated. The patient now seemed perfectly cured, her strength had returned, and her digestive organs had recovered their tone, when, without any apparent cause, she was attacked with some pain about the upper end of the sternum and the neck. In a few days the cervical glands began to enlarge, and an elastic tumour was formed over the upper part of the sternum, appearing to arise from the periosteum; the skin covering it was somewhat red, but not otherwise changed. Various means were tried, but without avail, to dissipate this tumour; a puncture was then made into it, but no fluid escaped; the wound healed readily. It gradually extended, and involved the whole sternum and part of the ribs. With the exception of occasional pain, the patient remained quite well up to the middle of November; she was able to go about, slept tranquilly, and had a healthy complexion. Towards the middle of November the tumour extended upwards, and pressing on the trachea, produced some difficulty of breathing, with cough and vomiting. After this the patient could swallow nothing but a little soup; the difficulty of swallowing gradually increased, and she sank on the 6th of January, 1841, five months after the operation.

*Post-mortem appearances.*—On dividing the tumour, it was found to consist of a grayish-yellow mass enveloping the sternum, costal cartilages, and anterior edges of the first four ribs, and the sternal end of the clavicle; the substance of the bones appeared here and there, throughout it, in the form of layers. It filled the whole of the interior mediastinum, and pressed on the trachea and aorta. Both lungs were adherent, nearly through their whole extent, to the walls of the chest, infiltrated with serum, and with numerous points of medullary fungus. The pleura and the external surface of the pericardium were spotted with the same substance; the heart was closely adherent to the pericardium by the medium of coagulable lymph; it was of the normal size, but pushed backwards, and to the left side, by the tumour; the walls of the right auricle were com-

pletely converted into medullary fungus, and those of the ventricles were infiltrated with it; the endocardium was likewise thickened by deposit of the same matter, and also the valves. The peritoneum, liver, and stomach, contained more or less of the fungoid substance.

REMARKS.—In the present case, the puncture failed to evacuate any fluid, because the point of the trochar fell on the mass of fungus in the mediastinum; it was here that the disease originally commenced; the effusion into the pleura and pericardium was probably occasioned by some inflammatory action, which accompanied the deposit of the fungus. There certainly was more fluid in the pericardium than was evacuated by the puncture, but it was rapidly absorbed after the operation.—*Prov. Med. and Surg. Journ.* August 7, 1841.

36. *Operations for Stammering.*—In our preceding number we gave an account of the operations recently devised for the cure of stammering, and the opinion we then expressed in relation to them, is fully sustained by some high authorities, and equally so by the actual results of the operations.

A reviewer in the *British and Foreign Medical Review*, July, 1841, thus speaks of them. "The sanguinary operations which have been recently devised and executed, with the view of curing stammering, are one of the greatest outrages upon modern surgery. Although some of them had their origin in legitimate motives, most, we fear, serve but to show what ruthless expedients will be occasionally resorted to for the purpose of acquiring professional fame, however short-lived, and to what extent the ignorant and credulous will become a prey to craft and subtlety. If our indignation was awakened at the barbarous cruelties practised upon dumb animals for the sake of elucidating the truths of physiology, how much more ought it to be when we consider the multitude of our fellow-beings who have suffered themselves to be maimed and mutilated at the instigation of individuals more remarkable for their reckless use of the knife than for the soundness of their medical science!"

From a very intelligent young German physician, recently on a visit to this country, we learn that Dieffenbach has abandoned his operation, on the ground that the danger to the life of the patient exceeds the chance of a cure. And we also learn that many of the cases announced as cures, were merely temporarily relieved.

In the *Bulletin de Therapeutique*, (July 1841,) there are given the results of 42 operations for the cure of stammering by the subcutaneous method, by M. BONNET. They are as follows. In two patients no actual stammering existed, but the pronunciation of words was indistinct; no benefit ensued. In four cases he was also unsuccessful, where the impediment depended on some anomaly during respiration; the patients did repeat the same syllables over and over again, but enunciation was suddenly interrupted at the beginning or in the middle of a word. Of the remaining thirty-six patients, labouring under true stammer, six were above 32 years old. In the latter, the results were completely negative, and M. Bonnet thinks that the operation should never be performed on individuals who have passed the age of 32. Thirty patients were below this last-mentioned age; of these, ten were completely cured; eleven very greatly improved; two moderately so; and seven obtained no benefit. As under the head 'greatly improved' are included cases where the impediment of speech was all but removed, it follows that the operation is attended with excellent effects in about two-thirds of the cases; but will these effects continue? This is an important question, which time alone can determine; of the ten patients completely cured, one relapsed to his former condition ten or twelve days after the operation; in another case, the stammer gradually returned about the fifth week; the other cases continue till the present time (May 18th.) Amongst the eleven patients greatly relieved, two had relapses, but the remainder, on the other hand, were improving every day.

"From these results it would appear" the editor of the *Bulletin* remarks, "that we may expect some benefit from the operation, provided it be applied to the